



African Palliative Care Education Scholarship Fund Application Form, 2023

Please make sure you have fully read the application criteria below **before** you begin completing this form.

Applicants must complete **all** sections of the form and all applications must be completed in English or French. Any incomplete or illegible application will **not** be considered for funding.

Application Criteria

Applicants must:

- Be a qualified nurse, social worker, physiotherapist, music therapist or clinical officer with a degree or diploma from a recognized institution.
- Currently be providing palliative care and wishing to increase their skills - or with evidence that they will be providing palliative care services after undertaking the course.
- Currently be enrolling/enrolled in a training programme at an institution that has an approved curriculum in hospice and palliative care within Africa (admission letter should be attached to the application).
- Legibly complete the application form and attach all supporting documents requested.

Section One: Applicant Details

Mr. Mrs. Ms. Dr.

Name:

Job Title:

Telephone:

Email Address:

Years of working experience:

Select your qualification (attach scanned copy of certificate, transcript or both).

Nurse

Clinical officer

Social worker



Physiotherapist
Music therapist
Other (please specify)

Previous Education in Palliative Care – Yes No
(If yes, please mention):

Section Two: Organisation Details – where are you currently employed?

Organisation Name:

Address:

City:

Country:

Telephone:

Website (if applicable):

Short description of your organization (Max 1,500 characters)

Section Three: Course Details – where are you/will you study?

Course organiser and name of course:

Course start date:



Course end date:

Website:

Email:

Telephone:

How will this course benefit palliative care development in your workplace and country? (1,500 characters maximum)

How, and with whom, will you share what you have learned from the course? (1,500 characters max)

Why are you the right person for us to fund to do this course? (1,500 characters maximum)

Section Four: Budget and Request for the Scholarship Fees



Please provide a detailed breakdown of your costs for the course, showing how you work out the total cost. Your application will not be assessed without a detailed budget.

Item description	Cost item	No. of items	Total	Notes

Total education (fees only) amount requested from this Scholarship Fund in US Dollars:

How will you fund the remaining costs (if greater than \$2,000)?

Please indicate if you have received funding from other sources and indicate how much:

Source of Funding

Amount in US dollars

Source of funding

Amount in US dollars

Section Five: Application support/endorsement

This application must be endorsed by the chief executive/director of your organisation. If the applicant is the chief executive/director of the organisation then it must be signed by the chairperson of the Board of Directors. Please provide details of the person supporting the applications below.



Mr. Mrs. Ms. Dr.

Name:

Job title/role in the organisation:

Email address:

Telephone:

The person supporting the application must say in no more than 100 words why it is important that we support your application:

Signature:

Stamp:



Applicant Statement

Please read the following statement and enter your name at the bottom to confirm that you accept the terms and conditions of the grant.

I confirm that to the best of my knowledge the details in this application form are correct.

I understand that if it is not correct, appropriate action may be taken, which may lead to no further grants being awarded to my organisation and I will ensure that grant funds received will not be misused or misappropriated in any way.

In the event of any changes, postponement or cancellation of the course, I will immediately inform APCA and Global Partners in Care and I understand that I may be liable to return all funds received under this grant if it is not used for the purposes for which it is given. I understand that the information provided in this application will be used by APCA and Global Partners in Care for the processing of the application and may also be viewed by a third party (i.e. funder) if appropriate and may be used for fundraising purposes.

Once the application has been submitted with all the required supporting documents, we will aim to let you know the outcome of your application within a three months of receiving it.

If your application for a scholarship grant is successful, then APCA will send an award letter, together with a consent form. The award letter and consent form would need to be signed off by the scholarship beneficiary accepting the terms and conditions of the scholarship offered. Please note; the scholarship funds will be paid directly to your institution of study after providing APCA with a valid invoice from the Academic Institution.. We don't pay the grant directly to the scholarship recipient.

I, also, understand that all scholarship recipients are required to provide a thank you letter, periodic updates, video testimonial or able to undertake an electronic interview with APCA and Global Partners in Care to highlight the benefits derived from the funded training, in support of future fundraising for the scholarship fund.

I accept the conditions of the applications (please tick box)

Please contact the **APCA Programme Officer** to submit your application form or if you have any questions: scholarships@africanpalliativecare.org